CALIFORNIA 700 2000/2001 FORM FAIR POLITICAL PRACTICES COMM.

STATEMENT OF ECONOMIC INTERESTS

A Public Document

RECEIVED Please type or print in ink DAYTHME TELEPHONE NUMBER NAME (LAST) (FIRST) MAILING ADDRESS (May be business address) 61 PLAZA St. MARK'S **COVER PAGE** 1. Name of Office Sought or Held, Agency or 4. Schedule Summary (Check applicable schedules or "No reportable interests.") Court (Provide precise name. Do not use acronyms.) CTY COUNCIL During the reporting period, did you have any reportable interests to disclose on: Division, Board, District, if applicable: LODI. CACIF Schedule A-1 Yes - schedule attached Investments (Less than 10% Ownership) Position: Yes - schedule attached Schedule A-2 Investments (Greater than 10% Ownership) If Expanded Statement – List agency/position: Schedule B Yes - schedule attached (Attach a separate sheet if necessary. Do not use acronyms. Real Property File originally signed statement with each filing official.) CO Schedule C Yes - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel) Position Title: MEMBER Schedule D Yes - schedule attached Income - Loans 2. Office Jurisdiction (Check one) Schedule E Yes - schedule attached State Income - Gifts County of _ Schedule F Yes - schedule attached Income - Travel Payments ➡ ☐ No reportable interests on any schedule Other _ Total number of pages (including this cover page) 3. Type of Statement (Check at least one box) 5. Verification Assuming Office/Initial Date: I have used all reasonable diligence in preparing this Annual statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any (Check one) attached schedules is true and complete. I certify under penalty The period covered is January 1, 2000, through of perjury under the laws of the State of California that the December 31, 2000. foregoing is true and correct. O The period covered is ______, through December 31, 2000. Leaving Office Date Left: ____/_ (Check one) O The period covered is January 1, 2000, through the date of leaving office. O The period covered is ____/___, through the date of leaving office. ☐ Candidate

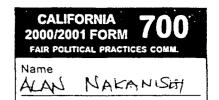
Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA 700
2000/2001 FORM 700
FAIR POLITICAL PRACTICES COMM.
Name
ACAN NAMA NI SUT

(Ownership Interest is 10% or Greater)

➤ 1. BUSINESS ENTITY OR TRUST	➤ 4. (cont.)
DELTA EYE MEDICAL GROUP, INC	Check one box:
Name	INVESTMENT REAL PROPERTY
1617 ST. MARK'S PLAKA	
1617 ST. MARK'S PLAKA	Name of Business Entity or
Check one Trust, go to 2 __\8000000000000000000000000000000000	Street Address or Assessor's Parcel Number of Real Property
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
MEDICAL PRACTICE	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	Description of Business Activity or City or Other Precise Location of Real Property
S2.000 - \$10.000	
S10,001 - \$100,000	FAIR MARKET VALUE IF APPLICABLE. LIST DATE:
<u> </u>	S10.001 - \$100.000
Over \$1,000,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
NATURE OF INVESTMENT Sole Proprietorship Partnership Sharens der	Over \$1,000,000
Sole Flophediship () and elsalip () Other	NATURE OF INTEREST
YOUR BUSINESS POSITION	Property Ownership/Deed of Trust Stock Partnership
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	Yrs, remaining
S0 - \$449 [2-5500 - \$1,000 [] \$1,001 - \$10,000	Other
S10,001 - \$100,000 OVER \$100,000	
> 3. LIST EACH REPORTABLE SOURCE OF INCOME/LOANS OF \$10,000 OR	
MORE (attach a separate sheet if necessary)	➤ 4. (cont.)
	Check one box:
	☐ INVESTMENT ☐ REAL PROPERTY
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
BUSINESS ENTITY OR TRUST	Suret Audiess (I Assessor's Falce Hullion of New Floperty
Check one box:	
☐ INVESTMENT ☐ REAL PROPERTY	Description of Business Activity or
	City or Other Precise Location of Real Property
Name of Business Entity 20	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
Street Address or Assessor's Parcel Number of Real Property	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 / / 00 / / 00
	ACCUMENT DISPOSED
	\$100,001 - \$1,000,000 ACGUIRED DISPOSED
Description of Business Activity of	
City or Other Precise Location of Real Property	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	LeaseholdYrs. remaining
S10,001 - \$100,000 ACQUIRED DISPOSED	1.5. remaining
Over \$1,000,000	Other
NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	. F
Troperty Connectant Proceed of Trust	
	Comments:
LeaseholdYrs.remaining	Comments:

Interests in Real Property



STREET ADDRESS OR PRECISE LOCATION	➤ STREET ADDRESS OR PRECISE LOCATION
\sim 0.11	STREET ADDRESS ON TRESISE ESSATION
521 3. Hamm	CITY
LODI CALIF	CITT
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	- NATURE OF INTEREST
Rental Property Ownership/Deed of Trust Easement	Rental Property Ownership/Deed of Trust Easemen
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED □ \$0 - \$449 □ \$500 - \$1,000 □ \$1,001 - \$10,000 □ \$10,001 - \$100,000 □ OVER \$100,000	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$50 - \$449
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, see the instructions for reporting sources of rental income. DELTA ELE MEDICAL	SOURCES OF RENTAL INCOME: If you own a 10% or greater interesses the instructions for reporting sources of rental income.
GROUP, INC	
NAME OF LENDER	NAME OF LENDER
ADDRESS	ADDRESS
BUSINESS ACTIVITY OF LENDER	BUSINESS ACTIVITY OF LENDER
Financial Institution	Financial Institution
Other	Other
· .	
NTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
% None	% None
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
3500 - \$1,000	S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	Check below if another loan is disclosed on Schedule D.
Check below if another loan is disclosed on Schedule D.	The state of the s

Income & Business Positions

(Income Other than Loans, Gifts, and Travel Payments)

2000/200	ORNIA 11 FORM ICAL PRACTIC	
Name	KATA	USU7

➤ NAME OF SOURCE	■ NAME OF SOURCE
THE THE MEDICAL COLDIN	2 114112 01 0001102
DECIM LYC FACTORISE STATE AT	ADDDGGG
DELTA EJE MEDICAL GRUPIN ADDRESS 1617 St. MARK'S PAKA STOCKTO	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE CALLS MEDICAL DROCTLES 9527	BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL PROCILCE 9507	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
PHYSICION EMPLOYEE	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	S1,001 - \$10,000
S10,001 - \$100,000 DOVER \$100,000	S10,001 : \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Spouse's income ☐ Loan repayment	Salary Spouse's income Loan repayment
Sale of(Property, car, boat, etc.)	Sale of (Property, car, boat, etc.)
<u> </u>	·
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
■ NAME OF SOURCE	NAME OF SOURCE
ADDRESS	ADDRESS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	TOUR BOUNESO TOURISM
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	S500 - \$1,000 S1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's income Loan repayment	Salary Spouse's income Loan repayment
Sale of (Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
"	
· _	
Other	Other (Describe)
,-	(Describe)
. .	
Comments:	

S. ATEMENT OF ECONOMIC INTEREST.

Official Use Only

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Please type or print in ink			RECEIVED	
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIMETELEPHONE NUMBER	
NaKanishi	Alan	S.	(209) 478-1797	
MAILING ADDRESS STRE (May be business address)	ET CITY	ZIP CO	TITU AL FINIT	
11-17 St Mar	-KŚ Plaza, Stock	ton, Ca 9	SON SITY OF LODI S	
$\frac{1}{2} \frac{1}{2} \frac{1}$	COVER			
1. Name of Office Sough		4. Schedule S (Check applicable s	Summary chedules of "No reportable interests.")	
San Joakun Division, Board, District, if ap		During the report interests to discle	ing period, did you have any reportable ose on:	
<u>Member</u> - At	ternate	Schedule A-1 Investments (Less tha	☐ Yes — schedule attached □ 10% Ownership)	
	iet agangy/position:	Schedule A-2 Yes – schedule attached Investments (Greater than 10% Ownership)		
If Expanded Statement – L (Attach a separate sheet if nece File originally signed statement	ssary. Do not use acronyms.	Schedule B Real Property	Yes - schedule attached	
Agency:			Yes – schedule attached Positions (Income Other than Loans, Gifts, and Travel)	
Position Title:		Schedule D Income – Loans	Yes – schedule attached	
2. Office Jurisdiction - State	•	Schedule E Income – Gifts	Yes - schedule attached	
County of San Jo		Schedule F Income – Travel P	Yes – schedule attached	
	WA			
		→ ☐ No reportable	e interests on any schedule	
		Total number of pa	ages (including this cover page):	
3. Type of Statement		5. Verification	n	
Assuming Office/Initial	Date:/	I have used all reasonable diligence in prepari		
Annual		statement, I hav	e reviewed this statement and to the best of the information contained herein and in any	
(Check one) The period covered is December 31, 2000.	January 1, 2000, through	attached schedu of perjury under	les is true and complete. I certify under penalty the laws of the State of California that the	
O The period covered is December 31, 2000.	, through	foregoing is true and correct. Carlo EXECUTED ON	Marsha, 200)	
Leaving Office Date Lef (Check one)	t:		(month, day, year)	
date of leaving office.	January 1, 2000, through the	SIGNATURE	the originally signed statement with your filing official.)	
O The period covered is date of leaving office.	, through the			
Candidate			TDD0 T 700 (2000/2004	



S...TEMENT OF ECONOMIC INTEREST.

A Public Document

Please type or print in ink			RECEIVED		
NAME	(LAST)_	(FIRST)	(MIDDLE) 1/ MAR 29 AM 11: 00		
	Nallanshi	Alan	5. 11797 (209) 478-1797		
	G ADDRESS STREET business address)	CITY	ZIP CODE CITY CLERIS		
	1617 St. Marks T	1920, Stock	ton, Ca 95207" Ur LODI &		
		COVER	RPAGE		
	ame of Office Sought or He Court (Provide precise name. Do not use ac		4. Schedule Summary (Check applicable schedules or "No reportable interests.")		
- Div	vision, Board, District, if applicable:		During the reporting period, did you have any reportable interests to disclose on:		
<u>S</u> Po	an Joaquin Co. Soli	d Waste sk Force	Schedule A-1 Yes schedule attached Investments (Less than 10% Ownership)		
	Member		Schedule A-2 Yes – schedule attached Investments (Greater than 10% Ownership)		
-	If Expanded Statement – List agency/ (Attach a separate sheet if necessary. Do no File originally signed statement with each filin	t use acronyms.	Schedule B Yes – schedule attached Real Property		
Ag	gency:		Schedule C Ves - schedule attached Income & Business Positions (Income Other than Loans, Gifts, and Travel)		
	osition Title:		Schedule D Yes – schedule attached Income – Loans		
	Office Jurisdiction (Check one) State		Schedule E Yes – schedule attached Income – Gifts		
	County of San Joaquus		Schedule F		
_	Multi-County				
_	Other		→ ☐ No reportable interests on any schedule		
u			Total number of pages (including this cover page):		
	ype of Statement (Check at le.		5. Verification		
_	_		I have used all reasonable diligence in preparing this		
	Annual (Check pne)		statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any		
	The period covered is January 1, December 31, 2000.	2000, through	attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
	O The period covered is, through December 31, 2000.	EXECUTED ON MOREN 7, 2001 (month, day, year)			
	Leaving Office Date Left:/(Check one)		CO No		
	O The period covered is January 1, date of leaving office.	2000, through the	SIGNATURE (File the originally signed statement with your filing official.)		
	O The period covered is/date of leaving office.	J, through the			
	Candidate				

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CALIFORNIA 700 2000/2001 FORM FAIR POLITICAL PRACTICES COMM.

S.ATEMENT OF ECONOMIC INTEREST.

A Public Document

Please	e type or print in ink			RECEIVED	
NAME	(LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
	Nallanishi	Han	9	01 MAR 29 AM 11: 02 (209) 478-1797	
	G ADDRESS STREET business address)	CITY	ZIP CC	OPERA D. BLACKSTON	
	11-17 chmr	Ks Plazai Sto	Han CA	95207 CITY OF LONG	
	101 - 51.11.00	COVER	PAGE		
_	ame of Office Sought of Ourt (Provide precise name. Do no		4. Schedule (Check applicable	Summary schedules or "No reportable interests.")	
 Di	vision, Board, District, if applica	ble:	During the report interests to disc	rting period, did you have any reportable close on:	
J. Po	water Advisory	Commission	Schedule A-1 Investments (Less tr	☐ Yes — schedule attached	
	Member		Schedule A-2 Investments (Greate	Yes – schedule attached	
· -	If Expanded Statement – List a (Attach a separate sheet if necessary File originally signed statement with or	. Do not use acronyms.	Schedule B Real Property	Yes – schedule attached	
Αç	gency:		Schedule C Income & Busines	Yes — schedule attached is Positions (Income Other than Loans, Gifts, and Travel)	
	osition Title:		Schedule D Income – Loans	Yes – schedule attached	
	Office Jurisdiction (Chec	ck one)	Schedule E	Yes – schedule attached	
_	State SAO TOO	63110	Income – Gifts		
	County of San Toa	V	Schedule F Income – Travel I	☐ Yes – schedule attached Payments	
	Multi-County				
	Other		→ ☐ No reportab	ole interests on any schedule	
<u>. </u>			Total number of p	pages (including this cover page):	
3. 1	Type of Statement (Che	ck at least one box)	E Manification		
, \square	Assuming Office/Initial D	vale:	5. Verification	· · · · · · · · · · · · · · · · · · ·	
E	Annual		I have used all reasonable diligence in prepa statement. I have reviewed this statement and to the my knowledge the information contained herein at attached schedules is true and complete. I certify under of perjury under the laws of the State of California foregoing is true and correct.		
	(Check one) The period covered is January December 31, 2000.	ary 1, 2000, through			
	O The period covered is December 31, 2000.	_/, through	EXECUTED ON	March. 2001 March.	
	Leaving Office Date Left:		·	(month, day, year)	
•	O The period covered is January date of leaving office.	uary 1, 2000, through the	SIGNATURE (F.	ile the originally signed statement with your filing official.)	
	O The period covered is date of leaving office.	_/, through the			
	Candidate				